Isle of Man Government

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Department of Health and Social Care

Detailed proposal - All-age neurodivergent support pathway

Report to Tynwald - December 2026

GD No: 2026/0099

1. Introduction

In April 2026, the Department of Health and Social Care presented to Tynwald its report, An all-age neurodivergent support and diagnosis pathway (GD No. 2026/0032)[1]. The report was prepared in response to the resolution of Tynwald in June 2025 calling on the Department and Manx Care to plan for the introduction of all-age support and diagnosis pathways for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Condition (ASC).

The April report set out a multi-year, phased approach to developing a more coordinated all-age pathway, recognising both the gaps in existing provision and the need to better understand demand before committing to the full future model.

During the April Tynwald debate, concerns were raised that the report did not provide sufficient detail on the costs, timescales and measurable outcomes associated with implementation. Tynwald subsequently resolved:

"that the Department of Health and Social Care should bring forward detailed and costed funding proposals, including timelines and anticipated outcomes, for consideration and approval by Tynwald no later than the December 2026 sitting".

This report responds to that resolution. It provides:

- An overview of the work to develop an Adult ASC and ADHD Assessment, Diagnosis and Support Service from 1 April 2027;
- a detailed and costed implementation plan;
- the proposed outcomes and measures through which implementation of that service will be monitored;
- an update on wider work undertaken since the April 2026 report was published;
- a phased programme for the continued development of community-based and all-age support; and
- clarity on those elements for which further assessment of need, engagement and service design are required before detailed funding requirements can responsibly be determined.

2. Background

The original Tynwald resolution in June 2025, moved by the Honourable Member for Douglas East, Ms. Joney Faragher, MHK called for a plan to introduce an all-age approach to support and diagnosis for ASC and ADHD, consideration of the findings of the Dyslexia, Dyscalculia, Dysgraphia and Dyspraxia Committee and consideration of the economic impact of not providing diagnosis and support for neurodivergence.

The Department's April 2026 report identified that current provision is not consistent across the life course. Diagnostic and support provision has historically been focused predominantly

[1] https://www.tynwald.org.im/spfile?file=/business/opqp/sittings/20212026/2026-GD-0032.pdf

on children and young people, while adults have much more limited provision. Adults who did not receive a diagnosis during childhood have limited routes to assessment other than seeking private diagnosis and treatment which often comes at significant personal cost.

The report also identified an important distinction between diagnosis and support. For some people, access to clinical assessment and diagnosis is essential because the impact on their everyday life means they may need treatment, including medication. For others, their needs may be better addressed through earlier practical support, reasonable adjustments, advice and strategies that help them manage everyday life, without requiring a specialist clinical service.

The aim is therefore to develop a pathway that responds to different levels of need, rather than making diagnosis the gateway for support. People who need clinical assessment, diagnosis and treatment should be able to access it, while others should be able to get appropriate support without first needing a formal diagnosis.

Further, the principles underpinning the Department's approach are closely aligned with the findings of the UK Independent Review into Mental Health Conditions, ADHD and Autism, chaired by Professor Peter Fonagy[2] and published in October 2026. That review recommends moving away from a system in which support is dependent on diagnosis towards a "needs-led plus diagnosis" approach, with earlier support available according to need alongside access to clinical assessment, diagnosis and treatment where required.

This is closely aligned with the direction already set by the Department. Diagnosis remains important where specialist assessment or treatment is required, but access to practical support should not unnecessarily depend on it. For the Isle of Man, that means developing support further upstream in schools, workplaces, primary care and community settings, while retaining specialist assessment and treatment for those who need it. This is also important for sustainability: a more needs-led model may increase the number of people seeking support and that demand cannot be met predominantly through specialist services alone.

3. Progress since April 2026

Since the April 2026 report, the Department has progressed work across a number of areas to move from the proposed direction of travel towards implementation.

The most significant development has been the completion of a full business case and service specification for a dedicated Adult ASC and ADHD Assessment, Diagnosis and Support Service. This addresses one of the clearest gaps identified in the April report: the absence of a dedicated funded pathway for adults. Subject to funding approval in the 27/28 budget, the new service is proposed to commence from 1 April 2027, with a funding requirement of £1,343,114 in 2027/28.

[2] https://www.gov.uk/government/publications/independent-review-into-mental-health-conditions-adhd-and-autism-final-report

Work has also progressed on the wider support offer, including community-based support, proposals through the Department of Education, aligned with its response to the Select Committee of Tynwald on Dyslexia, Dyscalculia, Dyspraxia and Dysgraphia, employment and workplace support, and family hubs. Further engagement and development is, however, required across these areas, as well as provision for children, young people and families and the Criminal Justice system, before detailed proposals and associated funding requirements can be finalised.

This provides a clearer basis for phased implementation: progressing those elements where the evidence, service model and costs are sufficiently developed, while continuing the work needed to define and cost the remaining areas.

To provide ongoing accountability for delivery, the Department proposes to report back to Tynwald in December 2027. This will provide a formal opportunity to demonstrate progress against the implementation plan, including the establishment of the new adult service, while allowing sufficient time for the wider areas of work to be properly developed and progressed.

4. Phased implementation and funding proposals

The Department proposes a phased approach to implementation. Phase one will establish the Adult ASC and ADHD Assessment, Diagnosis and Support Service from 1 April 2027, subject to funding approval, alongside initial community support and development of shared-care arrangements.

In parallel, the Department will undertake the further work necessary to define the next stages of the all-age approach, including provision for children and young people, families, employment and the criminal justice system.

4.1 Proposed implementation plan

Title	Proposed action	Implementation timescale	Intended outcome	Funding
Adult ASC and ADHD assessment, diagnosis and support	Establish a dedicated adult service providing assessment, diagnosis, treatment, ADHD prescribing and monitoring, and post-diagnostic support.	From 1 April 2027, (subject to funding approval)	A clear adult pathway; access to an NHS assessment, treatment, diagnosis and support service; clearer clinical responsibility and ongoing care.	£1,343,114
All-age accessible advice,	Launch of website and implementation of practical support,	From 1 April 2027. Developed alongside	Earlier access to practical support without formal	Included within costs associated with service and

guidance and support	advice, guidance and navigation.	establishment of the adult service	diagnosis or specialist clinical intervention being the only route to help	utilisation of existing resources.
Service and support navigation	Introduction of a Navigation / Community Engagement Officer	From 1 April 2027	Provides waiting-well support emotional and practical support Working with local community resources to obtain the best outcome for the individual	£53,000. Included within costs associated with service.
Community-based support	Commission Peer /Parent support groups, provided by local third sector provision and supported by Health Professionals	From 1 April 2027	Earlier access to community-based support, reducing isolation and helping individuals and families to better understand and manage neurodivergent needs.	£50,000 initial provision included within the adult service business case. Longer-term requirements to be determined
Shared-care arrangements between the service and primary care	Develop arrangements between the Mental Health service and primary care for appropriate ongoing management of ADHD medication.	From 1 April 2027	Clearer arrangements for prescribing, monitoring and ongoing care	£40,000 Included within costs associated with service.
Shared-care arrangements between the service and private providers	Develop arrangements between the Mental Health service and private providers	From 1 April 2027	Choice and accessibility	Costs unknown. Any arrangement with private sector subject to Procurement process
Family Hub Networks	Family Hub Network model providing accessible family and parenting support. (Led by Public Health with key partners such as	Development during 2027/28, including the commencement of an initial pilot.	Improved access to timely, coordinated family and parenting support, with clearer pathways to appropriate help; better	The development and pilot phase is being progressed through existing work. The longer-term model has

	Department of Education, Sport and Culture to offer targeted neurodiversity programmes.)		understanding of families' needs; and a stronger evidence base to inform the future scope and scale of Family Hub provision.	not yet been costed.
Children and young people	Continued implementation of Inclusive Education Approach and graduated response to needs across settings.	Ongoing	Earlier identification of need and a more consistent approach to supporting children and young people within education, with appropriate adjustments considered according to individual need	Implementation will continue within existing education resources and available budgets.
Employment and workplace support	Autism Spectrum Condition Strategy steering group to lead a task and finish multi-agency project to identify how advice, reasonable adjustments and employment support can be strengthened	Sept 2027	Better access to practical support to help people enter and remain in employment	No additional funding required for initial scoping. Any future costs will be identified as proposals are developed
Criminal Justice based support	Work with the Criminal Justice Board to identify opportunities to strengthen support for neurodivergent people across the criminal justice system, while progressing and building on activity already underway within the Prison	Existing activity to continue during 2026/27. Wider priorities to be developed with the Criminal Justice Board by Q4 2026/27 and progressed during 2027/28	Improved recognition and support for neurodivergent people within Prison and Probation Services in the immediate term.	No additional funding required for initial scoping. Any future costs will be identified as proposals are developed.

	and Probation Service.			
Business case for resource costs associated with broader pathway development		Business case to be submitted in October 2027		£172,056 **-** This funding is not included within the current £1,343,114 and will be subject to an additional funding request.
Wider all-age pathway	Bring together a coordinated all-age pathway, with clearer links between early years, children and young people, transition and adult services.	Work to commence late 2027 and expected to take one year	A more joined-up approach across all stages of life, with improved transition and continuity between services.	Any significant additional investment will be subject to a separate business case and approval

4.2 Description of intended services

4.2.1 Adult ASC/ADHD Assessment, Diagnosis and Support Service

The first phase is centred on establishing a dedicated Adult ASC and ADHD Assessment, Diagnosis and Support Service that will provide:

- a single point of access and referral management;
- adult ADHD and ASC assessment and diagnosis;
- specialist ADHD treatment, prescribing, titration and monitoring;
- shared-care arrangements with primary care where appropriate*;
- identification of individual support needs alongside assessment and diagnosis;
- post-diagnostic support and navigation;
- advice and navigation in relation to adjustments and other support; and
- consistent information on demand, activity, waiting times and outcomes.

* The proposed shared-care arrangements will be required when transferring the routine/ongoing prescribing and monitoring into primary care once treatment has been established.

An indicative provision of £40,000 has been included within the business case to support shared-care arrangements.

4.2.2 Community-based support

For some people, the right response to meeting their needs may be practical support rather than clinical treatment. This could include help to understand their needs, develop strategies for everyday life, access reasonable adjustments, remain in employment, connect with others or navigate existing services.

An initial provision of £50,000 has therefore been included within the adult service business case to begin developing community-based support alongside the new service.

This is an initial provision rather than an estimate of the eventual cost of community neurodivergent support across the Island. There is currently insufficient information on unmet need to determine what the longer-term model should look like or cost.

The initial offer will therefore provide an opportunity to develop support while also building a better understanding of who requires help, what support people need and how it can most effectively be provided.

Investment in Parent Support Groups and Peer Support Groups will feature in the initial service provision.

4.2.3 ADHD prescribing, private diagnoses and shared-care

The establishment of the Adult ASC and ADHD Assessment, Diagnosis and Support Service will also provide an opportunity to address existing arrangements for ADHD treatment and prescribing.

Some people have obtained a diagnosis privately and continue to meet the cost of private prescriptions and ongoing treatment. The intention is that these individuals should be able to transfer into the publicly funded service. This requires a consistent Island-wide assessment and diagnosis framework to support that transfer safely and consistently which will be developed in support of service commencement.

Any shared care arrangement will need to set out how existing private diagnoses are recognised, the standards expected of assessments, any clinical review required before treatment transfers, and the arrangements for ongoing prescribing and monitoring. This is not intended to create an unnecessary requirement for people to repeat assessments, but to provide a consistent basis on which responsibility for their ongoing treatment can transfer.

This work must also take account of developments in the UK. The aforementioned UK report has identified a need to strengthen regulation of ADHD and autism assessments, including extending regulation to services which provide diagnostic assessments without treatment. The Island's approach must take account of this work when establishing a local solution.

4.2.4 Neurodivergence within the criminal justice system

The Department will continue to work with the Criminal Justice Board and relevant partners to identify where support can be strengthened.

This work will build on activity already underway within the Prison and Probation Services, including:

- strengthening staff awareness to recognise and respond appropriately to neurodivergent needs in Prison and Probation custodial and community settings;
- developing neurodiversity capability through existing training and partnership opportunities, through Department-led Dialectical Behaviour Therapy training and externally provided ADHD-focused sessions;
- ensuring that eligible people within Prison and Probation Services can access the proposed Adult ASC and ADHD Assessment, Diagnosis and Support Service; and
- considering neurodivergent needs as part of current work examining future prison accommodation, including how the physical environment and potential accommodation options can better support neurodivergent people in custody.

No additional funding is sought through this report for criminal justice-based support. Any future resource requirements arising from the work with the Criminal Justice Board will be developed separately and will be subject to the relevant business case and approval processes.

4.2.5 Developing the wider all-age pathway

The next phase will focus on developing a more consistent and coordinated approach for children, young people and adults seeking assessment, diagnosis and support for ASC and ADHD. This does not mean creating a single service for all ages, but ensuring that people experience a clearer pathway, with better coordination between the services and organisations involved.

The Department will work with Manx Care and other partners to strengthen:

- clear routes into assessment, diagnosis and support;
- coordination between health, education, primary care, community and third-sector provision;
- consistency in information, advice and support available to individuals and families;
- continuity between different parts of the pathway, reducing unnecessary duplication or repeated assessment; and
- arrangements for transition between children's and adult services, so that reaching an age boundary does not itself create a gap in support or require people to start again.

This work will inform the further development of the all-age pathway, identifying where existing provision can be better connected, where gaps remain and where further service development or investment may be required.
Note – this section has not been costed.

5. Outcomes, measures and accountability

The Department will report back to Tynwald in December 2027 on progress against the implementation plan, the outcomes being achieved and the further development of the all-age pathway.

The report will consider progress in three areas:

- Delivery: whether the actions set out in the implementation plan have been delivered within the expected timescales;
- Performance and outcomes: what the available evidence shows about access, waiting times, demand, patient experience and outcomes; and
- Challenges and further development: any significant issues encountered through implementation, how these are being addressed and what they mean for the further development of the all-age pathway.

6. Conclusion and next steps

The April 2026 report established the Department's direction of travel towards a more coordinated, all-age and needs-led approach to neurodivergent support and diagnosis. This report brings forward detailed and costed funding proposals, including timelines and anticipated outcomes. It also recognises that development of the broader pathway will need to continue through ongoing engagement and the collection and analysis of data that will become available once the Adult ASC and ADHD Assessment, Diagnosis and Support Service has commenced. This data will provide a stronger basis for understanding the population need and help with planning and costing future service need. It is anticipated that this will form part of the Department's routine commissioning and service planning work.

The first substantive proposal is the establishment of the Adult ASC and ADHD Assessment, Diagnosis and Support Service from 1 April 2027. For the first time, adults would have a defined service encompassing assessment and diagnosis alongside treatment, prescribing, clinical monitoring, navigation and appropriate post-diagnostic support.

The longer-term objective remains a system which recognises neurodivergent need earlier, provides appropriate support across the places people live, learn and work, and avoids requiring a clinical diagnosis where practical, needs-led support is the more appropriate response.